

RULE 13 STORM WATER QUALITY MANAGEMENT PLAN (SWQMP) -PART A: INITIAL APPLICATION CERTIFICATION SUBMITTAL AND CHECKLIST

State Form 51277 (R / 7-03)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:

- This form must be used for compliance with a general NPDES permit pursuant to 327 IAC 15-13.
- This completed form must be submitted with a complete NOI letter.
- Return this form, and any required addenda by mail to the IDEM Rule 13 Coordinator at the address listed in the box on the upper-right.

For questions regarding this form, contact:

IDEM - Rule 13 Coordinator 100 North Senate Avenue, Rm 1255

P.O. Box 6015 Indianapolis, IN 46206-6015

(317) 234-1601 or Phone: (800) 451-6027, ext. 41601 (within Indiana)

Web Access: http://www.in.gov/idem/water/npdes/permits/wetwthr/storm/rule13.htm

► Please check the appropriate box when the requirements for each numbered item have been met.						
Χ	NA	ITEM				
\boxtimes		1.	On page 2 of this form (TABLE 1: RESPONSIBLE ENTITY), provide a listing attached NOI letter submittal. Duplicate the table if more entries are necess			
\boxtimes		2.	On page 3 of this form (TABLE 2: SCHEDULE OF ACTIVITIES), provide an to SWQMP implementation, with a corresponding milestone date. Duplicate and attach to this form.			
		3.	At a minimum, the schedule complies with the compliance schedule found in	327 IAC 15-13-11.		
		4.	1. On page 4 of this form (TABLE 3: PROPOSED BUDGET), provide an actual or estimated, proposed, itemized budget for the storm water program. Duplicate the table if more entity entries are necessary and attach to this form.			
\boxtimes		5.	For NOI letter submittals covering multiple entities, the budget allocation is separated by each entity covered under this NOI letter submittal.			
		6.	The budget identifies funding sources.			
		7.	The "SWQMP – Part A: Initial Application" was submitted within 90 days of flays of becoming aware of changed entity designation conditions.	Rule 13's effective date or within 180		
		8.	The "SWQMP – Part A: Initial Application" has been certified by a Qualified	Professional and the MS4 Operator.		
			PART B: CERTIFICATION AND SIGNATURE			
► The Qualified Professional and MS4 Operator (referenced in PART A, Item #8 of this form) must sign the following certification statement: "By signing this form, I hereby certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."						
Name of Qualified Professional: Sam Sewer (typed or printed)						
Signature of Qualified Professional: Date: (mm/dd/year)						
Name of MS4 Operator: James Swirlconcentrator (typed or printed)						
Signa	Signature of MS4 Operator: Date:					
	(mm/dd/year)					

				TABLE 1: RESPONSIBLE ENTITY			
	Represented Entity Name	Entity Representative Name	Entity Representative Title	Mailing Address	Phone Number:	Facsimile Number (if applicable)	E-mail Address (if applicable)
				Street address: 100 Senate Avenue, Room 100			_
1.	City of Waterville	James Swirlconcentrator	Public Works Director	⊠City □Town □Village	(317) 234- 1601	(317) 232- 8637	jswirlconc@wat erville.in
				Of: Waterville	1001		
				Zip: 46206 County:Marion			
		Mike Forebay	County Surveyor	Street address: 20 Comb Street		(317) 233- 0000	mforbay@co.m arion
2.	Storm County			⊠City □Town □Village	(317) 233- 0571		
				Of: Waterville	0571		
				Zip: 46206 County: Marion			
		Fred Filterstrip	Facilities Director	Street address: 50 Orion Avenue		(317) 232- 0001	ffilterstrip@run off.edu
3.	Runoff College			⊠City □Town □Village	(317) 233-		
J.				Of: Waterville	0473		
				Zip: 46206 County: Marion			
		Sara Sandfilter	President	Street address: 10 West 4th Street		(317) 232- 0002	ssandfilter@pc d.in
4.	Puddle Conservancy			⊠City □Town □Village	(317) 233-		
	District			Of: Waterville	6725		
				Zip: 46206 County: Marion			
		Sally Sedimenttrap	President	Street address: 400 Huron Court		(317) 233- 0001	ssediment@ha. in
5.	Rainfall Homeowners			⊠City □Town □Village	(317) 233-		
0.	Assocation			Of: Waterville	0002		
				Zip: 46206 County: Marion			
	Otama Carreti Call	Steve Soils	SWCD Supervisor	Street address: 25 Comb Street		(317) 233- 0004	ssoils@swcd.in
6.	Storm County Soil and Water			⊠City	(317) 233-		
	Conservation Distict			Of: Waterville	0003		
				Zip: 46206 County: Marion			
				Street address:			
7.				□City □Town □Village			
				Of:			
				Zip: County:			

	TABLE 2: SCHEDULE OF ACTIVITIES					
	Milestone Date	Activity Name				
1.						
	November 3, 2003	Submit NOI letter and SWQMP-Part A				
2.	December 2003 -	Investigate land uses, identify sensitive areas and BMPs, begin gathering coordinates for known outfalls and mapping conveyance system, begin constituent surveys,				
	February 2004	begin drafting ordinances for control measures, set up complaint hotline, develop screening protocol, create funding source				
3.						
J.	March-April 2004	Identify problem areas, submit SWQMP-Part B				
	Water-April 2004	identity problem areas, submit ovvetim -r are b				
4.		Estimate linear feet of conveyance, develop storm water budget projection, begin screening outfalls, continue mapping conveyance system and revising ordinances, identify programmatic indicators, set criteria/standards for structural BMPs, set measurable goals for the program, certify that control measures 1, 2, 3, 4, and 6 are in				
	May-October 2004	place, submit SWQMP-Part C				
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5.	November-					
	December 2004	Obtain approval for construction program from state, begin tracking programmatic indicator data, begin compliance and enforcement of ordinances				
6.						
	January - October 2005	Implement program, complete ordinance for postconstruction requirements, certify that control measure 5 is in place, submit first annual report				
7.	October 2006					
		Submit second annual report				
8.						
	October 2007	Submit third annual report				
9.						
	September 2008	Submit renewal NOI letter and SWQMP-Part A				
10.						
10.	October 2008	Submit fourth annual report				
	October 2008	Submit fourth annual report				

TABLE 3: PROPOSED BUDGET

ENTITY: City of Waterville

	Control Measure/Item	Proposed Budget				
1.	Public Education and Outreach	\$5,000 educational material reproduction \$10,000 municipal employee training & staffed outreach activities \$2,500 postage for mailings				
2.	Public Participation/Involvement	\$5,000 staffed public meetings \$0 volunteer efforts				
3.	Illicit Discharge Detection and Elimination	\$30,000 staff field/office work \$30,000 mapping				
4.	Construction Site Run-Off Control	\$30,000 staff field/office work				
5.	Postconstruction Run-Off Control	\$30,000 staff field/office work				
6.	Municipal Operations Pollution Prevention and Good Housekeeping	\$10,000 pollution prevention controls				
7.	On-Going Water Quality Characterization	\$5,000 characterization				
8.	Other	\$50,000 legal/engineering fees				
9.	Funding Source(s)	Property tax (approx. \$0.50 per \$100.00 of assessed value); will be soliciting grants and may establish a utility				